



CLAIMANT VOUCHER

State Form 43605 (R3 / 4-05)
Department of Workforce Development

CONFIDENTIAL RECORD Pursuant to IC 22-4-19-6, IC 4-1-6

FILL THE BOX COMPLETELY WITH A BLACK INK PEN ONLY.

☐ RIGHT ☒ WRONG

I claim unemployment benefits the week ending SATURDAY . All questions refer to that week.

YES NO If you answer YES to questions 1 - 4, contact your local office.

☐ ☐ 1. Did you work ☐ receive holiday ☐ vacation ☐ or severance pay ☐

Employer Name Earnings before deductions

☐ ☐ 2. Did you refuse work, quit or get discharged during the week you are claiming benefits?

☐ ☐ 3. Was there a change in retirement/pension pay, or in agency approved school or training status?

☐ ☐ 4. Were you unable to work, or unavailable for work? Why?

Mark which day(s) of the week. SUN MON TUE WED THUR FRI SAT
☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ 5. Did you return to work full-time during the week you are claiming benefits?

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List three job contacts made this week.

DATE	COMPANY NAME	ADDRESS	PHONE	RESUME	IN PERSON	RESULTS
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that I fulfilled the registration for work requirements, that I am not receiving subsistence allowance for training or education that would make me ineligible for benefits. I understand that making false statements on this form is unlawful and that I could be subject to penalties including criminal prosecution.

SIGNATURE DATE

Write new return address on front.

Mark here if your address has changed. ☐